

DAY 1

Keynote Forum



25th International Conference on

Dental Treatment

September 10-11, 2018 | Zurich, Switzerland

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Frank Halling, J Dent Craniofac Res 2018, Volume 3
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ANTIBIOTICS IN DENTISTRY – FACTS AND TRENDS IN GERMANY

Frank Halling

University of Marburg, Germany

Introduction: Antibiotics alongside with analgesics and local anesthetics are the most frequently used drugs in dentistry. Reliably structured figures concerning the actual number of prescriptions of antibiotics by dentists are hardly available.

Materials & Methods: All antibiotic prescriptions of dentists for patients who are members of statutory health insurances in Germany from 1 January 2012 to 31 December 2015 were included. The annual reports of the scientific institute of the AOK, the biggest statutory health insurance in Germany, were used as data basis. The types of antibiotics, the number of prescriptions and the prescribed defined daily doses (DDD) were analyzed. The results were compared to antibiotic prescriptions of German physicians and to data of international studies.

Results: During the period of investigation an average of 8.8% per year of all antibiotic prescriptions are issued by dentists. Between 2012 and 2015 the dental share on all antibiotics fell by 12.1% ($p < 0.05$). The mostly prescribed antibiotic is amoxicillin, the share of which on all dental prescriptions increased from 35.6% in 2012 to 45.8% in 2015 ($p < 0.01$). About three-quarters of all dentally prescribed DDD can be attributed to amoxicillin and clindamycin. On the part of the German physicians and compared to international studies the structure of the prescriptions is much more heterogeneous.

Conclusion: Dental and medical antibiotic prescriptions in Germany show statistically significant differences regarding the types and the shares of the prescribed antibiotics. In the context of international studies on dental prescribing behavior the high proportion of clindamycin and the low share of metronidazole in Germany are noticeable.

Biography

Frank Halling has completed his MD in 1984 and DMD in 1986 in University of Marburg. He started his residency in Hamburg in 1988 and finished it in the Department of Maxillofacial Surgery at the University Clinic of Göttingen as Maxillofacial and Regional Plastic Surgeon. In 1993, he opened his private practice in Fulda (1994 and 2006 additionally as an attending physician). He specialized on Laser Dentistry in 1999 and Dental Implantology in 2000 and got the fellowship of the International Team for Implantology (ITI) in 2006. In 2008, he published a textbook on Dental Pharmacology. Since 2010 he lectures in Dental Pharmacology at the Department of Maxillofacial Surgery, University of Marburg. He has held more than 200 specialist presentations and seminars and has published 30 papers in reputed journals and has been serving as an Editorial Board Member.

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THE MISSING DIMENSION: THE ART OF PATIENT CONVERSATION

Angela Mulrooney

CEO, My Business Inc. Canada

Are you learning cutting edge, research based skills and not using them? Are you buying the best technology on the market and letting it sit? We return from conferences excited about the difference we can make as dentists. Shortly after returning, much of the knowledge and technology goes to waste because our patients seem to not want the best we have to offer. It is frustrating and can be a never ending cycle ... until now. I welcome you to *The Missing Dimension: The Art of Patient Conversation*. Conversation with patients about what you to offer is not natural to most dentists and often fails when we try. However, that doesn't mean you can't master it. **Mastery of The Art of Patient Conversation, will unlock your ability to have patients wanting the best you offer. It will allow you to use your highest level skills and advanced technology every day in your practice rather than on rare occasions. It will change how patients**

perceive you and how they promote you. If you are struggling, frustrated and disillusioned about practice because you aren't able to be your best self, now is the time to unlock your potential and be able to put your best foot forward every day in practice.

Biography

Angela Mulrooney took a run-down practice in the hood, at 28 years old, and turned it into a cutting edge practice, referred to by other dentists for full-mouth reconstruction, I.V. sedation, and sleep apnea therapy. Unfortunately, she sustained a career ending injury in 2013. Not wanting her experience to die with her, she now helps dentists everywhere succeed by passing on her blueprint to success, helping colleagues realize their full potential clinically and financially. Let her love of dentistry, business, and life inspire you to bring your best game to your career and patient care.

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DAY 2

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Tristan Staas, J Dent Craniofac Res 2018, Volume 3
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IMMEDIATE IMPLANT PLACEMENT: THE FATE OF THE BUCCAL CREST - A RETROSPECTIVE CONE BEAM COMPUTED TOMOGRAPHY STUDY

Tristan Staas

Founder, Stass & Bergmans, Netherlands

This retrospective study aimed to analyse the fate of the buccal crest after immediate implant placement (IIP) through the use of cone beam computed tomography (CBCT). In 16 consecutive patients, an implant was placed in a more palatal position after extraction, thereby creating a gap of at least 2 mm between the implant and the buccal crest. Subsequently, this gap was filled with a bone substitute. Preoperatively, immediate postoperatively, and late postoperatively, a CBCT was made to measure the thickness of the buccal crest. After application of the bone substitute, the buccal crest increased in thickness from 0.9 mm to 2.4 mm (mean). At a mean of 103 weeks after IIP, late postoperative CBCT scans showed that the thickness of the buccal crest was compacted to 1.8 mm. In the same period, the height of the buccal crest increased by 1.6 mm (mean) to, on average, 1.2 mm above the implant shoulder. The aesthetic outcome was analysed using the White and Pink Esthetic Score (WES and PES). Both scored high: 8.4 and 11.8, respectively.

Within the limitations of this study, the results of this IIP protocol are promising.

Biography

Tristan Staas graduated from the University of Utrecht in the Netherlands in 1988. Together with his wife who is also a dentist, they founded Staas and Bergmans Zorgvooruwmond in 1990, a praxis for general dentistry, and clinic for aesthetic dentistry and implantology in 's-Hertogenbosch, Netherlands. In 2012 they founded a second office, Staas and Bergmans Expertisevooruwmond, a partnership clinic consisting of various dental specialists working as a team treating patients needing complex therapy. He has focused his practice and teaching interests on immediate implant placement in the aesthetic zone and collaborates with other clinicians working together in their practices in the Netherlands. He provides instruction to colleagues on immediate replacements, aesthetic solutions and the use of 3D technics, and is performing research on these procedures and long-term outcomes.

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T Tegnander, J Dent Craniofac Res 2018, Volume 3
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RELATIONSHIP BETWEEN CLINICAL FINDINGS AND MAGNETIC RESONANCE IMAGING IN OROFACIAL PAIN PATIENTS

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University of Oslo, Norway

Background: Clinical problems of the temporomandibular joint (TMJ) and the masticatory musculature are both included in the term temporomandibular disorder (TMD). The field of TMD is well known for being one of the more controversial topics in dentistry. Studies show a marked difference in the prevalence of TMD from 16 to 64%. The purpose of the present study was to examine whether patients with clinical TMD had pathological findings utilizing magnetic resonance imaging (MRI).

Material & Methods: The study population consisted of 64 patients with clinical TMD. Symptoms were recorded using a questionnaire, clinical examination included diagnosing occlusion in centric relation, and then a standardized MRI was performed. The images were read, utilizing the Piper system by the treating dentist and then read by two experienced radiologists blinded to clinical data.

Results: All patients had molar interferences in centric occlusion and limited anterior guidance. The patients also had changes in disc position when examining the MRI scans. 68 of the joints

(55%) had changes corresponding to Piper IVa classification. It was also found more severe changes like disc degeneration, changes in condylar head, abnormal reduction and restriction in anterior movement. The most severe changes were corresponding to Piper Va and Vb (34 joints, 27%).

Conclusion: All the patients assessed due to TMD showed changes in their TMJ on MRI. We also found posterior interferences in their occlusion and loss of anterior guidance.

Biography

Tor Tegnander is currently working on his PhD at the University of Bialystok. He finished his Dental degree in 1985 at the University of Oslo. He has finished Post-doctoral studies at the Dawson Centre for Advanced Dental Studies and at the Piper Education and Research Centre (PERC). He is a Fellow of the American Academy of Implant Dentistry. He has lectured internationally and nationally on Implantology and TMD.

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